

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE

460

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For Official Use Only

<p>Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u></p>	<p>Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u></p>	
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1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Primary Formed
<input type="radio"/> Recall	<input type="radio"/> Controlled
(Also Complete Part 5.)	
<input checked="" type="checkbox"/> General Purpose Committee	<input type="radio"/> Sponsored
<input type="radio"/> Sponsored	<input type="radio"/> Primary Formed Candidate/ Officeholder Committee
<input type="radio"/> Small Contributor Committee	(Also Complete Part 6.)
<input type="radio"/> Political Party/Central Committee	(Also Complete Part 7.)

2. Type of Statement:

<input type="checkbox"/> Pre-election Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	<input type="checkbox"/> Supplemental Preelection
<input checked="" type="checkbox"/> Amendment (Explain below)	Statement - Attach Form 495

Update Summary Page and Schedules D, E and F

3. Committee Information

I.D. NUMBER
880354

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Committee to Protect the Political Rights of Minorities

STREET ADDRESS (NO P.O. BOX)

CITY Sacramento STATE CA ZIP CODE 95814- AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Sacramento STATE CA ZIP CODE 95814- AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER

Alice Huffman

MAILING ADDRESS

CITY Sacramento STATE CA ZIP CODE 95814- AREA CODE/PHONE (916) 498-1890

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/2018 By Alice Huffman SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE

Executed on 10/23/2018 By Alice Huffman SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER
DATE

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D.NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D.NUMBER
----------------	------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee List names of officeholder(s) or candidate(s) For which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
000054

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1. Monetary Contributions	Schedule A, Line 3	\$0.00	\$80.00		
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$80.00		
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$0.00	\$80.00		
Expenditures Made				Expenditure Limit Summary for State Candidates	
6. Payments Made	Schedule E, Line 4	\$25,631.39	\$33,745.65		
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$25,631.39	\$33,745.65		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$7,500.00	\$7,500.00		
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$33,131.39	\$41,245.65		
Current Cash Statement					
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$15,059.94	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
13. Cash Receipts	Column A, Line 3 above	\$0.00			
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$298,937.00			
15. Cash Payments	Column A, Line 8 above	\$25,631.39			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$288,365.55			
If this is a termination statement, Line 16 must be zero.					
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00			
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents	See instructions on reverse	\$0.00			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$7,500.00			

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

CALIFORNIA **460**
 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Protect the Political Rights of Minorities

Statement covers period
 from 07/01/2018

through 09/22/2018

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I.D. Number
 880354

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$0.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
 (Include all Schedule A subtotals.) \$0.00
- Amount received this period - unitemized contributions of less than \$100 \$0.00
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$0.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B – Part 1

Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 07/01/2018

through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Protect the Political Rights of Minorities

I.D. NUMBER

880354

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						RATE %		PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						RATE %		PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						RATE %		PER ELECTION**
SUBTOTALS								

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

(Enter (e) on
Schedule E, Line 3)

2. Loans paid or forgiven this period. _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____

Enter the net here and on the Summary Page, Column A, Line 2.

Net _____

(may be a negative number)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - PART 2

CALIFORNIA FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Committee to Protect the Political Rights of Minorities

Statement covers period from <u>07/01/2018</u>	through <u>09/22/2018</u>
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I.D. Number
 880354

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Protect the Political Rights of Minorities

Statement covers period
 from 07/01/2018

through 09/22/2018

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I.D. Number
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
 (Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100
3. Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SCHEDULE D

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 07/01/2018
 through 09/22/2018

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 880354

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
2. Unitemized contributions and independent expenditures made this period of under \$100
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E

Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

Statement covers period
from 07/01/2018
through 09/22/2018

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880354

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$238.29
Olson Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$1,363.31
The Observer Newspapers, Inc. Sacramento, CA 95815	LIT			\$7,772.06

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	<u>\$25,631.39</u>
2. Unitemized payments made this period of under \$100.	<u>\$0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	<u>\$0.00</u>
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL <u>\$25,631.39</u>

**Schedule E
(Continuation Sheet)**
Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

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NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
880354

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$1,029.79
DWJ & Associates Madera, CA 93636	LIT		Intermediary for payment from AC Public Affairs, 1215 K Street, Suite 1609, Sacramento, CA 95814	\$15,000.00
The Observer Newspapers, Inc. Sacramento, CA 95815	IND		Slate Mailer	\$227.94

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$25,631.39

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018

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through 09/22/2018

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Committee to Protect the Political Rights of Minorities

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880354

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Avail-Able Resources Sacramento, CA 95831	LIT	\$0.00	\$7,500.00	\$0.00	\$7,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$0.00 \$7,500.00 \$0.00 \$7,500.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$7,500.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$7,500.00
May be a negative number.

**Schedule H –
Loans Made to Others***

SCHEDULE H

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 07/01/2018

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CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	_____	_____ % RATE DATE DUE	_____	CALENDAR YEAR PER ELECTION** DATE INCURRED
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	_____	_____ % RATE DATE DUE	_____	CALENDAR YEAR PER ELECTION** DATE INCURRED
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period _____
(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans _____
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET** _____
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

Schedule I
Miscellaneous Increases to Cash

SCHEDULE I

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

Page 14 of 15

I.D. NUMBER
880354

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/14/2018	No on Prop 6 Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation advocates Sacramento, CA 95814 Filer ID: 1400937	Slate Mailer Payment	\$27,000.00
9/13/2018	No on Prop 10 A Flawed Initiative That Will Make the Housing Crisis Worse a coalition fo houeing advocates, renters, large & small business, taxpayer groups & vets Sacramento, CA 95814 Memo Reference: INC1287 Filer ID: 1406422	Slate Mailer Payment	\$54,000.00
9/5/2018	No on Prop 10 A Flawed Initiative That Will Make the Housing Crisis Worse a coalition fo houeing advocates, renters, large & small business, taxpayer groups & vets Sacramento, CA 95814 Memo Reference: INC1288 Filer ID: 1406422	Slate Mailer Payment	\$190,937.00
9/21/2018	No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council Sacramento, CA 95814 Filer ID: 1399974	Slate Mailer Payment	\$27,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$298,937.00

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$298,937.00
2. Unitemized increases to cash under \$100 this period. \$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).... \$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL \$298,937.00

Memo Reference: INC1287

Contribution received through intermediary AC Public Affairs, 1215 K Street, Suite 1609, Sacramento, CA 95814

Memo Reference: INC1288

Contribution received through intermediary AC Public Affairs, 1215 K Street, Suite 1609, Sacramento, CA 95814

Memo Reference: EDT528

A portion payments to be paid in subsequent period
